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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	09/996,308	
	<b>Filing Date</b>	November 27, 2001	
	<b>First Named Inventor</b>	Takeshi Ishizaki	
	<b>Group Art Unit</b>	2151	
	<b>Examiner Name</b>	Unknown	
<b>Total Number of Pages in This Submission</b>	N/A	<b>Attorney Docket Number</b>	36992.00091 (HAL 200)

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (2 pages) <input checked="" type="checkbox"/> PTO Form 1449 (2 pages) (original plus one)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>10 References</b> <b>Return Receipt Postcard</b>
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
<b>Firm or Individual name</b>	Aaron Winingar, Reg. No. 45,229 Squire, Sanders & Dempsey, L.L.P. 600 Hansen Way Palo Alto, CA 94304-1043
<b>Signature</b>	
<b>Date</b>	July 1, 2002

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/996,308</td> </tr> <tr> <td>Filing Date</td> <td>November 27, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Takeshi Ishizaki</td> </tr> <tr> <td>Examiner Name</td> <td>Unknown</td> </tr> <tr> <td>Group / Art Unit</td> <td>2151</td> </tr> <tr> <td>Attorney Docket No.</td> <td>36992.00091 (HAL 200)</td> </tr> </table>		Application Number	09/996,308	Filing Date	November 27, 2001	First Named Inventor	Takeshi Ishizaki	Examiner Name	Unknown	Group / Art Unit	2151	Attorney Docket No.	36992.00091 (HAL 200)
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TOTAL AMOUNT OF PAYMENT (\$)		0													

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<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None         </p> <p> <input checked="" type="checkbox"/> Deposit Account:         </p> <div style="margin-top: 5px;">             Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">05-0150</span> </div> <div style="margin-top: 5px;">             Deposit Account Name: <span style="border: 1px solid black; padding: 2px 50px;">Squire, Sanders &amp; Dempsey, L.L.P.</span> </div> <p style="font-size: small;">The Commissioner is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below    <input type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.         </p>					<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																														
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<b>SUBTOTAL (2)</b>					<span style="border: 1px solid black; padding: 2px 20px;">(\$ 0)</span>																																																																																																																																																																																																																																														

<p><b>SUBMITTED BY</b></p>				<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	Aaron Winger	Registration No. Attorney/Agent	45,229	Telephone	650.856.6500
Signature				Date	July 1, 2002

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